Integrated Performance Monitoring Report

Sustainability Report Performance Period April 2004-June 2004

July 2004

STATE OF HAWAII
Department of Education
Department of Health
Child and Adolescent Mental Health Division
Early Intervention Section

Integrated Performance Monitoring Report Department of Education Department of Health April 2004–June 2004

Introduction

This quarterly performance report reflects the continued joint commitment of the Departments of Health and Education to provide a comprehensive system of educational and behavioral and mental health supports and services to students who require those services to benefit from their educational opportunities. An integrated performance monitoring report is a logical extension of the established joint integrated service delivery mechanism developed and implemented by the Departments and is a part of the commitment to visible accountability by providing information essential in determining the maintenance of the critical infrastructure and level of system performance. This joint performance reporting activity is unique to the State of Hawaii.

This is the seventh Quarterly Report submitted by the State of Hawaii pursuant to the September 10, 2002 court order in the <u>Felix v. Lingle</u>, Civil No. 93-00367 DAE, and the second report subsequent to the April 2004 court order finding the State in substantial compliance with terms of the consent decree. It covers the fourth quarter of fiscal year 2004 (April 2004 – June 2004) and includes the most recent data available regarding the services to youth with special needs in Hawaii.

Integrated Monitoring: Guiding Transformation for Improved Outcomes for Children

The State of Hawaii, Departments of Health and Education in response to the Felix Consent Decree and in accordance with their commitment to improving mental health and educational outcomes for children and youth conduct a unique joint integrated monitoring system. This system is further described in Section 1, Integrated Monitoring Results. Simply described, it provides a means to "detect and correct" issues impacting system performance. The unique features of the Hawaii integrated monitoring system are its statewide scope, its interagency commitments, and its model that spans from the child level to the system level. The process was developed to allow the Departments to continually examine performance in maintaining the following:

- "(133) A sustainable system of education for children with special needs must include the following four components:
- (134) The system must continue to hire and retain qualified teachers and other therapeutic personnel necessary to educate and serve children consistently
- (135) The system must be able to continue to purchase the necessary services to provide for the treatment of children appropriate to the individual needs of the child.
- (136) The system must be able to monitor itself through a continuous quality management process. The process must detect performance problems at local

schools, family guidance centers, and local service provider agencies. Management must demonstrate that it is able to synthesize the information regarding system performance and results achieved for students that are derived from the process and use the findings to make ongoing improvements and, when necessary, hold individuals accountable for poor performance.

(137) The system must be able to ensure teachers, therapists, and other support staff to continue their professional development and improve their skills and knowledge of effective educational and therapeutic methods and techniques."

(Revised Felix Consent Decree, July 31, 2000, page 20)

This Integrated Performance Monitoring Report remains the primary conduit for systematic reporting on the State's performance in providing quality services for children and youth with special needs. As such this report continues to provide the information necessary to verify the maintenance of the infrastructure developed and procedures implemented to achieve substantial compliance with the Felix Consent Decree. Information contained in this quarterly report is consistent with the Sustainability Plan submitted to the court and agreed upon in discussions with the Court Master and the Court Monitor. Its continued use provides further evidence of the commitment of the Departments of Education and Health to the use of continuous performance monitoring to maintain and improve the delivery of educational and mental health services to those children and youth in need of such services to benefit from their educational opportunities. Additional information on system performance is available through Departmental websites (http://165.248.6.166/data/felix/index.htm http://www.hawaii.gov/health/mental-health/camhd/index.html).

Growth of a System of Care

One focal point of the Report of President's New Freedom Commission on Mental Health Report (Achieving the Promise: Transforming Mental Health Care in America), April 2003, http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html, is the collaborative provision of effective mental health and educational services in schools. Hawaii's systems for provision of services to children with these special needs appears to be in alignment with not only the goal cited in the report, but has moved through many of the transformational stages of community change that are described:

- December 31, 2003 marked the end of the 18-month "sustainability phase" as set forth in the September 15, 2002 Court Order.
- On April 8, 2004 at a Status Conference Judge Ezra expressed the opinion that the State of Hawaii is in substantial compliance with Federal Law. The attorneys for the plaintiffs stated that the State has not only maintained and improved services, but has mechanisms for prompt actions should problems arise.
- The 2004 Hawaii State Legislature passed Act 51 and Act 221. Combined, these new statutes provide the Department of Education with the ability to "Reinvent Education for all Children in Hawaii" through increased

empowerment of local school communities, accountability for results, and streamlining bureaucracy.

The recent Federal Court Acceptance of the Stipulation opens a new era in the provision of services to students in need of educational and mental health services. System monitoring and improvements are not driven by decisions made in response to litigation but rather as the result of outcome driven quality assurance practices.

Summary of Overall Performance

During this past quarter, the departments have continued to meet or surpass most system infrastructure and performance measures. The use of data management systems to provide information for program improvement activities and resource distribution continues to be a core system practice. The system for statewide performance management and quality assurance practices continued its development in all areas as evidenced in the tracking of operational implementation.

The following sections provide in depth information regarding current performance and trends relative to the many performance indicators developed and tracked by the Departments. Collectively, these indicators describe a strong system of care providing quality mental health and educational services to students in need of such services to achieve in school and their communities. There are adequate numbers of trained professionals, distributed throughout the state, providing effective quality supports to children and youth. Appropriate services are provided in a timely and consistent manner.

System Response

The reader will note through reviewing the data in this report that while the performance trends continue to be positive, not all system performance targets were met during the reporting quarter. Work to improve system performance is a continuous process. The tracking of data affords enormous opportunity for identifying where improvements need to occur. Accountability measures and the commitment to results for students-oriented activities targeted at activities closest to the student, school and service delivery has improved the Departments' ability to "detect and correct" system inefficiencies or performance difficulties. The added capacity to hone in on those areas requiring the most attention through performance measurement has been installed.

Performance management and accountability practices need further development in order to continue current positive trends, and improve performance in targeted areas. A core way to achieve this is through wider communication of the system commitment to accountability for results. Dissemination of tools and training required to fully install accountability systems needs to be a major initiative over the next year.

This work is occurring. As presented in the Integrated Monitoring Results section of this report, implementation of consistent QA practices on a statewide basis were operationalized through a memorandum issued by the Superintendent of Education in May 2003. QA Committees are in place across the State in each of the districts. Training

for leaders will be initiated in Fall 2004. Continued nurturing and refinements to the growing system of interagency and community accountability are necessary.

Report Format

Following this brief introductory overview, the report format is as follows. The second section reports on the results of Integrated Monitoring conducted by the DOE and DOH during the quarter. Complexes and Family Guidance Centers conduct this evaluation of system performance through aggregated data and results of case-based reviews. Community members also participate in the reviews that continue to provide information for local service delivery improvements. Future reports written for public consumption will combine information on Internal Reviews and the Statewide Quality Assurance system into a new section titled Integrated Accountability System.

The third section presents information specific to the DOE. This section has two major sections: Infrastructure and Performance.

The fourth section contains information specific to the Department of Health (DOH). Within this section are reports from Child and Adolescent Mental Health Division and Early Intervention Services.

Within each of the sections, primarily in the summary, the Departments include their specific commitments to address issues that are identified. For issues related to Integrated Performance Monitoring, both Departments make the improvement commitments jointly.